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## ***Empowered Families: Educated, Engaged, Effective!***

### **Family Voices-NJ Comments on the CMS streamlined application for health insurance and the SHOP applications**

February 21, 2013

Thank you for the opportunity to comment on the CMS streamlined application. Family Voices is a national network that works to “keep families at the center of children’s healthcare.” The NJ State Affiliate Organization for Family Voices is housed at the Statewide Parent Advocacy Network (SPAN), NJ’s federally designated Parent Training and Information Center, and Family-to-Family Health Information Center. Our comments are as follows.

An initial overall concern is the fact that the application form is written at above a 7<sup>th</sup> grade reading level, at least in some sections (for example, the following section is written at a 7.4 grade reading level):

- “I have provided true answers to all the questions on this form to the best of my knowledge. I know that if I’m not truthful there may be a penalty.
- I know that the information on this form will only be used to determine eligibility for health insurance and will be kept private as required by law.
- I know that I must tell the Health Insurance Marketplace if anything changes (and is different than) what I wrote on this application”

We also wish to indicate our strong support for the recommendations contained in Enroll America/Families USA brief, The Ideal Application Process for Health Coverage, found at [http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/Ideal\\_Application\\_Process.pdf](http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/Ideal_Application_Process.pdf), including the following:

“Applicants should be able to obtain assistance with their application online, by phone, or in person at any time in the process, including when they are applying, enrolling in a program, selecting a plan, or learning how to use their coverage.”

“There must be strict privacy and security measures for proxy access to protect applicant information.”

Registering for an account should not become a barrier to enrolling. The username and password must be easy to create. Complex user name and password requirements (like requiring numbers, symbols, and upper and lower case letters) can be difficult for applicants to understand and adhere to, and can therefore be a barrier to setting up an account and, ultimately, to enrolling.

“Once they are enrolled in coverage, consumers should be able to maintain their online account and make changes when necessary. The online account should give enrollees the ability to update personal information at any time, renew or change coverage, and be notified if their eligibility for assistance changes.”

“To ensure that the application only asks for necessary information, the system should use dynamic questioning. This means that answers to initial questions are used to determine later questions. As a result, the application only asks questions that are relevant to that particular applicant.”

“With the applicant’s permission, the system should use basic personal information to search various electronic databases for relevant applicant information, such as income and citizenship status. The system should then import that information to automatically fill in the application. The applicant can review the information to ensure that it is correct, make necessary additions or changes, and continue with an eligibility determination. An applicant should only be asked for paper verification as a last resort.”

“In order to keep applicants engaged, the eligibility and enrollment process should be quick—ideally occurring in real time.”

“If the system determines that a person is eligible for coverage (through the exchange, Medicaid, CHIP, or Basic Health), the person should be able to immediately enroll in that coverage and, if appropriate, view plan choices and select a plan. Many people will need to pick a plan in order to fully enroll in coverage. Since this can be a complicated decision, people should be given instructions about how to get help choosing. The exchange website must provide tools to help consumers make sense of all the options and choose a plan that meets their financial and health coverage needs. Such tools will include standardized information to compare plans, a calculator to determine the cost of premiums after adjustments from tax credit assistance, and information about consumer assistance resources, including the exchange’s call center and the Navigator program. Once the consumer has enrolled in coverage, the online system should provide a clear notice regarding information about the plan and what to expect. Many people who enroll beginning in 2013 may have never had coverage before, or they may be unfamiliar with insurance concepts like premiums, copayments, and provider networks. The health plan should contact enrollees via their preferred contact method to give them information about benefits, premiums, and other plan- or program-related information. Applicants should also be made aware of their right to appeal eligibility determinations, and the ability to initiate an appeal should be integrated into the eligibility process.”

*Small Business Health Options Program (SHOP) Employee*

•*Data Collection to Support Eligibility Determinations and Enrollment for Employees in the Small Business Health Options Program (CMS-10438)*

**Document 1**

**Supporting Statement – Part A**

**Supporting Statement for Data Collection to Support Eligibility Determinations and Enrollment for Employees in the Small Business Health Options Program**

## **B. Justification**

### **1. Need and Legal Basis**

We understand that the format includes:

- “Appendix A is a list of all potential questions an applicant could be asked when utilizing the online application.
- Appendix B: Paper Application for Employees – Appendix B is the paper application an applicant will utilize.”

### **5. Small Businesses**

We appreciate that “HHS is developing a single, streamlined form that employees will use to determine SHOP eligibility.”

### **7. Special Circumstances**

“In rare circumstances, changes might have to be submitted more than once in a quarter.”

We would like clarification as to under which circumstances application changes would need to be reported more than annually per the usual procedure.

### **8. Federal Register/Outside Consultation**

We understand that “some of the commenters were concerned with duplicate or overly burdensome data collection as related to the employee application. CMS is working with States to minimize any required document submission to streamline and reduce duplication, especially in future years. We have taken into consideration all of the proposed suggestions and have made changes to this collection of information, such as adding a privacy statement, information on the availability of other coverage, pre-population of certain applicant information, and whether the employee is waiving SHOP coverage.”

### **11. Sensitive Questions**

We strongly disagree that “There are no sensitive questions.” While we understand some information such as social security numbers and income are required, these are considered sensitive. We also strongly disagree with the optional questions on ethnicity under Hispanic/Latino.

### **12. Estimates of Annualized Burden Hours (Total Hours & Wages)**

We strongly disagree with the estimate: “We estimate that it will take approximately 0.159 hours (9.53 minutes) per applicant to submit a completed paper application and approximately 0.086 hours (5.17 minutes) per applicant to submit a completed online application as broken down below.” First of all, for online applications, participants must first create an account which factors into the time. Fortunately, families can create a single account for multiple applications, but this doesn’t take into consideration multi-generational and other diverse households. Many issues such as literacy, computer literacy, language barriers, disability, and other criteria, will factor into the time estimate. Further, there is information collection requested and supporting documentation. This is particularly true for immigrants. Finally, since CMS hasn’t given examples of the additional questions which may be triggered based on responses in the application, some individuals will have to answer more than the basic questions.

## **Document 2**

### **Appendix A: List of Questions in the SHOP Online Application for Employees**

“**Note to reviewers:** To access the SHOP online application, the individual filling out the application must first set up My Account.”

As stated above, setting up an online account will factor into the time estimate. We appreciate that there is an opportunity for a paper application as not everyone has computer access or computer literacy. We appreciate in-person assistance available for other individuals who may have literacy or language issues. While we appreciate that a “family” may set up a single account, as stated above this wouldn’t apply to multi-generational or other diverse households.

Regarding:

**“I. Privacy information**

**B. Create an account**

*(Display for users setting up an account. One account is required per application.)*

2. Authentication process and challenge questions (Questions TBD.) “

Clarification is needed on this as some literature and the videos suggest a “family” account but this states “one account is required per application.” Clarification is needed on the “authentication process and challenge questions” for additional collection of information. Again, this will factor into time estimates of application completion.

Regarding:

**“II. Verify eligibility**

4. Do you have other coverage? If so, please select one of the following: *(Display dropdown options.)*

- a. Individual private insurance
- b. Insurance from another job
- c. Insurance through my spouse/partner
- d. Medicare
- e. Medicaid
- f. TRICARE
- g. VA coverage”

Although we appreciate the verification of other coverage, this does not take into account COBRA, continuation of dependent coverage through certification of “the handicapped,” emergency “Special Medicaid”/waivers/split applications, and temporary Medicare (e.g., renal.)

**Document 3**

**Appendix B Small Business Health Options Program (SHOP) Insurance Application for Employees**

**Page 2**

Social Security number/tax ID number

While we understand that this is required, we strongly opposed the components of the ACA which disallowed undocumented immigrants from purchasing insurance on the exchange. Clarification is needed on how an undocumented immigrant would apply for their children who are citizens and eligible for coverage.

**If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply)**

Mexican Mexican American Chicano/a Puerto Rican Cuban Other

We're unsure of the purpose in drilling down further in ethnicity for Hispanic/Latino populations. This may serve as a deterrent even for immigrants with documentation of status who are fearful due to immigration raids and the political climate.

### **Page 3**

#### **STEP 3**

"Do you have health insurance now? Yes No

If **yes**, what type?

Individual private insurance Medicare TRICARE Insurance from another job Medicaid VA coverage Insurance through my spouse/partner"

Again this doesn't take into consideration COBRA, certification of "the handicapped," temporary Medicaid/Medicare, or waivers/split applications.

#### *SHOP Employer*

•*Data Collection to Support Eligibility Determinations and Enrollment for Small Businesses in the Small Business Health Options Program (CMS-10439)*

### **Document 1**

#### **Supporting Statement – Part A**

#### **Supporting Statement for Data Collection to Support Eligibility Determinations and Enrollment for Small Businesses in the Small Business Health Options Program**

##### **A. Background**

We understand that "Through the Small Business Health Options Program (SHOP), the new Exchanges will assist qualified small employers in facilitating the enrollment of their employees in Qualified Health Plans (QHPs) offered."

##### **B. Justification**

##### **1. Need and Legal Basis**

We understand that the format includes:

- "Appendix A: List of Questions in the SHOP Online Application for Employers – Appendix A is a list of all potential questions an applicant could be asked when utilizing the online application.
- Appendix B: Paper Application for Employers – Appendix B is the paper application an applicant will utilize."

##### **5. Small Businesses**

We appreciate that "HHS is developing a single, streamlined form that employers will use apply to the SHOP and will determine SHOP eligibility. Additionally, the availability of an online application process will allow applicants to more quickly and efficiently apply for coverage, as well as receive a determination of SHOP eligibility." We strongly support the availability of an online application as this facilitated enrollment and renewal in the State Children's Health Insurance Program our state.

##### **8. Federal Register/Outside Consultation**

We understand that” some of the commenters were concerned with duplicate or overly burdensome data collection as related to the employee application. CMS is working with States to minimize any required document submission to streamline and reduce duplication, especially in future years.”

### **11. Sensitive Questions**

We understand that “In order to provide issuers with the information needed to comply with IRS Code §§ 5000A and 6055, the applicant’s employees’ social security/tax ID numbers shall be provided” although as previously stated we disagree that undocumented immigrants should not be permitted to purchase coverage.

### **12. Estimates of Annualized Burden Hours (Total Hours & Wages)**

We understand that “Applicants who choose to complete the electronic application will need to create an online account at the beginning of the application process. This process consists of entering basic information, such as the individual’s name, address, and email. Based on the information an applicant provides, an identification proofing system tool will generate three to five challenge questions, such as a previous address where an individual has lived.” As stated above, creating an account will factor into time estimates of application completion as will the “identification proofing system” and additional questions. We would like clarification regarding the information collection concerning this. As previously stated, clarification is needed on setting up an account each time vs. family accounts. In addition, individuals with literacy, language, disability, or other issues would require more time. For all of these reasons, we disagree with the “estimate that it will take approximately 0.209 hours (12.57 minutes) per applicant to submit a completed paper application and approximately 0.113 hours (6.77 minutes) per applicant to submit a completed online application as broken down below.”

## **Document 2**

### **Appendix A: List of Questions in the SHOP Online Application for Employers**

We are concerned with this section:

#### **“I. Privacy information**

##### **B. Create an account**

*(Display for users setting up an account. One account is required per application.)*

1. Create account *(Display check box.)*

n. Social Security number (SSN) or tax ID number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (optional)”

Clarification is needed on this. If this is the application for employers, does one account cover all employees or is a separate account required per employee per “one account is required per application.”

Regarding:

#### **“IV. Employee roster**

*(Display this item for all applicants.)*

1. How would you like to enter the employee roster?

a. Upload a spreadsheet (Excel) *(If selected, continue to item 2.)*

b. Enter manually *(If selected, skip to item 3.)*”

We appreciate the ability to upload employee rosters rather than entering data separately.

### **Document 3**

#### **Small Business Health Options Program (SHOP) Insurance Application for Employers**

#### **Page 4**

**\* NOTE: If you're using a broker, you must apply online**

Clarification is needed as to the requirement of online only, rather than paper applications.

#### **Individual Application**

**•Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies (CMS-10440)**

### **Document 1**

#### **Supporting Statement for Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies**

#### **B. Justification**

##### **1. Need and Legal Basis**

We understand that the "Exchange Final Rule in §155.305 sets forth eligibility standards for the Exchange, outlining the information necessary to make eligibility determinations. The information will be required of each applicant upon initial application, with some subsequent information collections for the purposes of confirming accuracy of previous submissions and for changes in an applicant's circumstances. The Medicaid Final Rule sets forth changes made under the Affordable Care Act to eligibility standards for Medicaid and CHIP."

We understand that "We have attached four appendices of application materials to illustrate the process applicants will use to apply for health coverage in a qualified health plan through the Exchange and Insurance Affordability Programs."

We understand that the appendices consist of:

- "Appendix A: List of Questions in the Online Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children's Health Insurance Program –
- Appendix B: Description and URL Address for Two Animated Videos Depicting the Online Application for Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children's Health Insurance
- Appendix C: Paper Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace or for Medicaid and the Children's Health Insurance Program—paper application needed to determine eligibility for an individual or family applying for enrollment in a QHP, Advance Payment of the Tax Credit, cost-sharing reductions, Medicaid and CHIP.

- Appendix D: Paper Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace (Not Applying for Insurance Affordability Programs) “

## **8. Federal Register/Outside Consultation**

We understand the “some commenters were concerned whether CMS will take sufficient steps to ensure the application process conforms to federal civil rights laws and contains protections to ensure the safety of consumer information, particularly information related to the collection of immigration status and Social Security numbers and when such information is required. The application will inform users of their rights, including the use and authority to collect sensitive information.” We urge CMS to consult with consumer privacy experts as well as immigration advocates to ensure maximum privacy and safety of consumer information.

## **11. Sensitive Questions**

Again we understand that “Per statute, a Social Security number and information about citizenship or immigration status are needed to help verify eligibility for coverage” but continue to express our opposition to the law’s provisions prohibiting undocumented immigrants from purchasing coverage on the exchange when they can purchase health insurance on the open market today without regard to immigration status.

## **Burden for Online Application**

We agree that “The online application process will vary depending on each applicant’s circumstances, their experience with health insurance applications and online capabilities.”

We disagree with the “estimate that on average it will take approximately .50 hours (30 minutes) to complete for people applying for Insurance Affordability Programs. It will take an estimated .25 hours (15 minutes) to complete an application without consideration for Insurance Affordability Programs.” As stated above, individuals must first create an online account and there is confusion as to if this is per person or per family. Second, individuals with disabilities or other circumstances may require more time. Also, we do not have clarity regarding the additional identification requirements or challenge questions.

## **Burden for Paper Application**

We disagree with the estimate that “The paper application process will take an average of .75 hours (45 minutes) to complete for those applying for Insurance Affordability Programs and .33 hours (20 minutes) for those applying without consideration for Insurance Affordability Programs.” As previously stated, individuals with literacy, language, disabilities, etc. will require more time. Again, we do not know what the additional identification requirements or challenge questions consist of, as well as the time needed for gathering required documents.

## **Document 2**

**Appendix A: List of Questions in the Online Application to Support Eligibility Determinations for Enrollment through the Health Insurance Marketplace and for Medicaid and the Children’s Health Insurance Program**

## **II. Privacy**



## **A. Privacy & use of your information**

*(Display privacy statement & consent language.)*

We strongly oppose “1. I agree to allow my information to be used and retrieved from data sources for this application. I have consent for all people I will list on the application that allows their information to be retrieved and used from data sources for this application. *(Display check box. Provide links to: Learn more about your data and Privacy Act Statement.)*” as verification of consent is needed.

## **F. Authorized representative**

We understand that “**Note to reviewers:** The definition of an authorized representative and the procedures for identifying an authorized representative for purposes of filing an application are currently being discussed with federal agencies as part of pending policies on authentication and consent. Definitions of authorized representative are proposed in the Medicaid and Exchange sections of the ACA II proposed rule that CMS recently released. Thus, the definition is subject to change when this rule is finalized.”

We have serious concerns with the following section:

“You can give a trusted friend or partner permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an “authorized representative.”

1. Do you want to name someone as your authorized representative?

a. Yes *(If selected, continue to item 2.)*

b. No *(If selected, skip to section IV [“Help paying for coverage”].)*”

First of all, some individuals already legally have representation through power of attorney, temporary emergency or permanent guardianship, etc. Second, some individuals with disabilities, mental health issues, etc. may not understand the implications of this statement. What kind of documentation will be required for identification of an authorized representative?

We do agree with the section:

“3. Is this person part of an organization helping you apply for health insurance?

a. Yes *(If selected, continue to item 4.)*

b. No *(If selected, skip to item 5.)*

4. *(Display item if “a” was selected in item 3.)*

a. Company name: \_\_\_\_\_

b. Organization ID: \_\_\_\_\_ “

This will allow for professional navigators, assistors, etc. to help individuals. We understand that the recent proposed rule on Medicaid/CHIP/exchanges, suggested the exchange establish application counselor programs with a certification process for application counselors, with which we agreed in previous testimony.

Again, we have serious concerns with this section:

“5. To make someone your authorized representative, [Household contact] needs to sign here or provide proof of a legal reason that [Name in item 2] can represent [Name of household contact]. Select an option below.

a. Signature *(Collect signature of applicant.)*

b. Submit document for proof”

Documentation for proof should be a requirement, not an option. This will protect vulnerable individuals who may have disabilities, mental health issues, etc. from signing without realizing the consequences.

## **VI. Family & household**

### **A. Tell us about your household**

Clarification is needed on this section:

*“18. (Display item if applicant is less than 21 years old and a non-filer not claimed as a dependent or if applicant is less than 21 years old and relationship between applicant and tax filer was selected as non child-parent.)*

Does [Applicant FNLNS] live with their parent or stepparent?

a. Yes *(If selected, continue to item 19.)*

b. No *(If selected, skip to item 20.)*”

It appears that this doesn’t take into consideration cases in which a child is living with a grandparent or under temporary guardianship of someone other than a parent. Also this needs to be coordinated with the national dependent coverage under age 26 or state coverage if that exceeds federal (e.g. NJ has dependent coverage under age 31). Also note that question 22 has a typo and should read “under age 21” not “under age 12.”

### **D. Ethnicity & race**

Further clarification is needed on this section:

“Optional information: This information will be used to help the U.S. Department of Health and Human Services (HHS) better understand and improve the health of and health care for all Americans. Providing this information won’t impact your eligibility for health coverage, your health plan options, or your costs in any way.

1. Is [Person name] of Hispanic, Latino, or Spanish origin?

a. Yes *(If selected, display “i.”)*

i. Ethnicity: (check all that apply.)

*(Display check boxes.)*

1. Cuban

2. Mexican, Mexican American, or Chicano/a

3. Puerto Rican

4. Other: \_\_\_\_\_

*(Continue to item 2.)*”

As stated above, we fail to see how the drill down of ethnicity under Hispanic/Latino will “improve the health and health care for all Americans.” As previously mentioned, we are concerned this will deter immigrant families or parents of children who are eligible citizens.

## **XI. Current/monthly income**

Clarification is needed on this section:

*“3. (Display item for each person with pre-populated income data.)*

Does [FNLNS] have another income source? (Check all that apply.)

*(Display each income type [“a-l”] with a check box, and allow multi-select.)*

1. Other income (*If selected, skip to item 14.*)”

For example, would “discretionary income” checks from a Department of Human Services program be counted?

## **XV. Other insurance (APTC eligible)**

There needs to be more response categories for this section:

“1. Is [FNLNS] eligible for health coverage from any of the following? Select even if [FNLNS] isn’t currently enrolled.

a. Medicare

b. TRICARE

c. Peace Corps

d. Other state or federal health benefit program (*If selected, display “i” and “ii.”*)

i. Type:\_\_\_\_\_

ii. Name of program:\_\_\_\_\_

e. None of the above “

For example, some individuals may have Medicare for only 3 years after transplant or dialysis on a temporary basis. Also some individuals may have temporary emergency “Special Medicaid”.

Still others may be on a type of Medicaid waiver or a child may not have been previously Medicaid eligible if a sibling with special needs used the Medicaid split application process.

## **XIX. Medicaid & CHIP specific questions**

There needs to be further response categories for this section”

“2. (*Display if “a” was selected in item 1.*)

What health insurance does [FNLNS] have now?

a. (*Display plan already identified on APTC page, if any.*)

b. (*Display name of Medicaid program in state of Exchange.*)

c. (*Display name of CHIP program in state of Exchange.*)

d. Medicare

e. Insurance through an employer (*If selected, continue to item 3.*)

f. Veterans or TRICARE

g. Other (*If selected, continue to item 3.*)”

For example, “insurance through an employer” could include COBRA or use of continuation of dependent coverage through the certification of the handicapped process.

### **A. Required documents**

More response categories are needed for clarification in this section:

“5. Proof of [other]

[FNLNS1] (*upload button*) [Due date]

[FNLNS2] (*upload button*) [Due date]”

As stated above, we would require legal documentation for power of attorney, temporary emergency or permanent guardianship etc. For identification purposes, individuals with disabilities can use a “non-driver handicapped id” from the Dept. of Motor Vehicles.

## **XXIV. Personal information**

### **B. Immigration status**

We disagree that undocumented immigrants should not be permitted to purchase coverage. Research indicates that being insured results in cost savings and better health outcomes. Uninsured individuals must put off routine care, resulting in increases in charity care, emergency room utilization, and unnecessary hospitalization.

Again, we disagree with the detailed information under

**“C. Ethnicity & race**

1. Is [Person Name] of Hispanic, Latino, or Spanish origin? (optional)

a. Yes (*If selected, display “i.”*)

i. Ethnicity: (check all that apply.)

1. Cuban

2. Mexican, MexicanAmerican, or Chicano/a

3. Puerto Rican”

Only race is categorized for other groups.

**Document 3**

**Appendix B**

Regarding the videos for reviewers, they were hard to see detail even in full screen mode, and the screen movement distracting. On the video it states one account per family application but this is in contrast with some of the paperwork mentioned above. Again, this doesn’t account for multigenerational or diverse families. The statement is made that the website will “encourage [individuals] to apply” but they must sign up for privacy access from multiple systems including “Social Security, IRS, and Homeland Security” which may be intimidating. At the end, rather than merely signing the application, there are multiple agreements regarding for example “incarceration” etc. which will also be a deterrent.

**Document 4**

**Application for Health Insurance (and to find out if you can get help with costs)**

**Page 1**

Clarification is needed on this section:

“You can use this application to apply for anyone in your family, even if they already have insurance now.” The wording is confusing as to why someone who already has insurance would apply for insurance.

**Page 2**

Further clarification is needed on this section:

**“Here’s who you need to include on this application:**

- Your spouse, if married
- Your children who live with you
- Your partner who lives with you (but only if you have children together who need health insurance)
- Anyone you include on your federal income tax return

Anyone else who lives with you will need to file their own application if they want insurance.”

Although this does add some clarity regarding multigenerational families, it doesn’t account for children residing with grandparents, temporary emergency guardianship, and why only “partners with children” applies.

### **Page 3**

Social Security Number **REQUIRED**

Again, we understand but disagree why this is required.

### **Page 4**

We appreciate the clarification of :

**“OTHER INCOME:** Check all that apply, and give the amount and how often you get it.

**NOTE:** You don’t need to tell us about child support, veteran’s payment or Supplemental Security Income (SSI).”

### **Page 5**

#### **STEP 2: PERSON 2**

**Is PERSON 2 applying for health insurance**

**“Please answer the following questions if PERSON 2 is 26 or younger”**

Again, this needs to be coordinated with state dependent coverage (e.g. NJ under 31) which exceeds federal dependent coverage.

### **Page 18**

As stated above, more clarification is needed on other insurance coordination:

**“OTHER HEALTH INSURANCE:**

Does anyone have another health insurance now, including Veterans, Medicaid or CHIP, Medicare, COBRA, Private/ Other, Retiree Health Plan?”

This does not account for temporary Medicare for transplant/dialysis; temporary emergency “Special Medicaid”, certain Medicaid waivers, Medicaid split application; or continuation of dependent coverage through an employer using the certification of the handicapped provision.

### **Page 19**

Again, we are very concerned with the assignment of an authorized representative as follows:

**“You can choose an authorized representative.**

You can give a trusted friend or partner permission to talk about this application with us, see your information and act for you on matters related to this application. This person is called an ‘authorized representative.’

By signing, you allow this person to sign your application, to get official information about this application, and to act for you on all future matters with this agency.

Your Signature”

We have concerns with this provision without the added protection of cross referencing with existing legal representation.

### **Document 5**

**Application for health insurance**

### **Page 2**

Again we disagree with disallowing certain individuals to access insurance if they are purchasing it as follows:

**“We need social security numbers (ssns) for who has one. We use SSns to check identity and other information**

If someone doesn’t have an SSn, call 1-800-XXX-XXXX or visit [www.placeholder.gov](http://www.placeholder.gov)”

We would like clarification of what this toll-free number would refer to as well as the website as it does not yet exist.

As stated above, we fail to understand the reasoning behind the ethnicity breakdown as follows:

**“If hispanic/latino, ethnicity (Optional—check all that apply)**

Mexican Mexican American Chicano/a Puerto Rican Cuban other”

## **Page 5**

As stated above we are concerned with this representation as follows:

**“You can choose an authorized representative.**

You can give a trusted friend or partner permission to talk about this application with us, see your information and act for you on matters related to this application. This person is called an ‘authorized representative.’

**Do you want to name someone as your authorized representative?**

By signing, you allow this person to sign your application, to get official information about this application, and to act for you on all future matters with this agency.

Your Signature “

As previously mentioned, individuals with disabilities, mental illness, etc. may have the physical capability of signing the document without comprehension of the full implications and there must be verification of legal documentation. For all instances above regarding authorized representatives, there is also the concern that once so designated, health plans may communicate with the authorized representative if it is a family member/friend rather than navigator, assistor, or application counselor, regarding not just enrollment/renewal but actual claims status including private health information which should be protected under HIPAA. This is particularly a concern in cases of disability, mental illness, domestic violence, and HIV status.

Thank you again for the opportunity to comment on CMS streamlined application.

Sincerely,

*Lauren Agoratus*

Lauren Agoratus, M.A.-parent

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**To empower families and inform and involve professionals and other individuals interested in the healthy development and education of children, to enable all children to become fully participating and contributing members of our communities and society.**